

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Matthew Malec			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 20 / 2014		
Mailing Address 108 Woodwinds Industrial Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">800.00</div>		
City Cary	State NC	Zip Code 27511	Transaction ID : SE.5855		
Purpose of Expenditure Rent for Phone Bank Center		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 20 / 2014		
Name of Federal Candidate THOM R TILLIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">187679.65</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Resonate			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 20 / 2014		
Mailing Address 11720 Plaza America Dr 3rd Floor			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">5000.00</div>		
City Reston	State VA	Zip Code 20190	Transaction ID : SE.5856		
Purpose of Expenditure Ad Buy		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 17 / 2014		
Name of Federal Candidate THOM R TILLIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">177629.65</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">5800.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

 10 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Resonate		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 11720 Plaza America Dr 3rd Floor		Amount 5000.00	
City Reston	State VA	Zip Code 20190	Transaction ID : SE.5857
Purpose of Expenditure Ad Buy	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate KAY R HAGAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 182629.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	10800.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 21 / 2014

Signature